

Medicine Matters

Medicines information for care staff in a social setting

Winter 2019/20

Homely Remedies and Over the Counter medicines

Homely Remedies are medicinal preparations used to treat minor ailments; they are purchased over the counter and do not require a prescription. They are kept as stock in the care home to allow access to products that would commonly be available in any household. The introduction of a homely remedy policy may be a good alternative to having many residents prescribed the same “when required” (PRN) medicines, is less wasteful and requires reduced storage.

If residents are offered treatment for minor ailments such as management of minor, self-limiting conditions, e.g. headache, cold symptoms, cough, mild diarrhoea, occasional pain with homely remedies, there should be a process for how to do this safely which should be described in the care home medicines policy.

Advice taken from a healthcare professional, such as a GP or pharmacist, on the use of homely remedies usually includes an agreed list of suitable medicines. You should do this for **each resident** in advance or at the time of need.

Over the Counter (OTC) medicines are medicines that can be purchased from a pharmacy or other outlets. Whether the home has a homely remedy policy in place or not, people (or their relatives) may provide their own OTC products.

In a care home setting an OTC product that is not in the homely remedy agreed list are not for general use and must remain specific to that person. Access to OTC medicines to self-care is an issue of equality, and providers should have policies in place to support people who wish to access OTC products in a timely manner.

In all care settings receipt should be documented. If the care staff are responsible for administration, this should be recorded on a MAR chart and good practice should be followed. All OTC products purchased on behalf of the resident or brought into a care setting should be checked for suitability of use with a healthcare professional (e.g. pharmacist) in date, stored according to the manufacturer's guidance and in the original purchased container. In some areas, discharge medicines from hospitals may include OTC packs rather than pharmacy labelled medicines.

The manufacturer's information on the OTC packaging will provide dosage and other relevant information. In addition, when supplied by the hospital, there should be reference to the OTC medicine in the discharge letter as well as the other regular medicines the person may be prescribed.

Note: Record advice from Healthcare professionals if further advice sought e.g. pharmacist / hospital

Further information about management of homely remedies and OTC preparations is available via:

- CQC website <https://www.cqc.org.uk/guidance-providers/adult-social-care/over-counter-medicines-homely-remedies>
- NICE guidance: <https://www.nice.org.uk/Guidance/SC1>

Supporting people with swallowing difficulties to take their medicines

We have received a number of queries regarding whether medicines given with or in food for people with swallowing difficulties (dysphagia) should be considered as covert administration.

It is important to note that covert administration is when medicines are given in a disguised format and as a result, the person **does not know** they are taking it (see CQC guidance on covert administration <https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines>)

If a person has difficulty swallowing or is at risk of choking, usually there is still a need for a review of the current medicines prescribed and how these may be taken safely, but the person is involved in the decision making with the prescriber and has capacity to do so.

Decision making regarding how to take medicines may also include the Speech and Language Team (SALT) and those supporting the person in the home. Ensure that if consideration is being given to crushing tablets, opening capsules or giving in a different way to the manufacturer's guidance, that a pharmacist is consulted. These decisions should all be recorded in the care plan with clear instructions for care staff regarding administration of medicines.

Finally, and critically to the question regarding whether the medicines are being given covertly or not is that the person has capacity, is informed regarding the administration and consents to accept the medicine.

The Medicines Optimisation Website

Information, guidance documents and various medicine related tools are accessible via our website. These can be downloaded and many may be adjusted to suit your needs. **NECS Medicines Optimisation website:**

<https://medicines.necsu.nhs.uk/category/resources/care-homes/>

Lessons Learnt:

The incident: Management of Controlled Drugs

In recent months, we have visited a number of care homes and a common area found to be requiring improvement was the management of controlled drugs (CDs).

CDs are a group of prescribed medicines that are subject to additional regulations due to the risk of harm they may introduce if diverted from their intended use, and as such, they are categorized into different schedules (1 – 5) depending on the extent of harm they would cause if they are misused. Care homes are required to ensure that robust procedures are in place for the management of CDs.

ALL schedule 2, and as best practice, *some* schedule 3 CDs (temazepam and buprenorphine) should be managed in accordance with the Misuse of Drugs (safe custody) regulations:

- CD cupboard which conforms to the safe custody requirements
- CD register (page numbered) detailing all receipt / administration and discharge / return / disposal
- TWO members of staff who have **appropriate training and competencies** should be involved in ALL activities

It is also considered best practice to undertake and evidence (in CD register - usually in red ink) a weekly stock check of all medicines in use, again 2 staff (trained and competent) should be involved.

Recent examples where evidence of CD management required improvements:

- Administration documented in register by one member of staff only
- Administration not documented in register at all (blank line left when staff administering next dose identified previous dose not documented in register)
- Weekly stock check not evidenced in register or carried out and evidenced by one person only

The CD register provides an account and stock balance of which medicines are contained in the CD cupboard, and should therefore be completed when CDs are being prepared for administration i.e. when the medication is removed from the cupboard.

This should be part of a step-wise process which includes, prior to preparing medicine for administration;

- counting and evidencing the opening balance of medication in stock at the time
- confirming the balance is the same as the closing balance following the last entry

Note: Ensure CD registers are included in any regular audit process

Further information regarding CDs in care homes:

CQC guidance on CD storage:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/storing-controlled-drugs-care-homes>

CD guidance on Gabapentin and Pregabalin:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-pregabalin-gabapentin>

Medicine Optimisation, NECS - Good Practice Guidance:

<https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/>

Ordering medicines

In the Lessons Learnt section in Medicine Matters Autumn 2019, we described a scenario whereby an interim prescription for antibiotics was sent to the pharmacy electronically but, as no-one informed the pharmacy that this item was required urgently, it was included in the monthly medicine cycle for that care home ultimately resulting in the person not receiving their medicines in a timely manner as intended.

We have encountered this example being repeated in other care homes and therefore for interim, acute or urgent medicines;

- Ensure the care home staff **inform the pharmacy** that a prescription has been issued and clarify the urgency of the medicine
- Be aware of cut off time for same day delivery – alternative arrangements may necessary
- The care home must **follow up** the whereabouts of the medicine if it has not arrived as expected
- If there is a shift change during the process, ensure that the **handover** includes information regarding any ongoing outstanding medicine issues for urgent medicines

What to do in the event of a Flu outbreak in a care home

Public Health England (PHE) published guidance last year, providing information and advice for staff in Health Protection Teams (HPTs), when requested to advise on the management of influenza-like illness (ILI) outbreaks in care homes. The guidance includes information on risk assessment, surveillance, infection control, outbreak management, as well as antiviral treatment and prophylaxis. Please make sure you know who you should contact if you suspect a flu outbreak in your care home.

<https://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes>

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us on Tel: 0191 2172558 where you will be forwarded to the most appropriate member of the team

Please don't forget to share this newsletter with your colleagues!